

Veteran Mentorship Initiative Application

Thank you for your service and your interest in supporting your fellow veterans and those still serving through the **Michigan Veterans Affairs Agency's** (MVAA) **Buddy to Buddy Veteran Mentorship Initiative**. If selected as a volunteer, you will be required to pass a background check and submit a DD214 for proof of military service. For more information, call **1-800-MICH-VET** (1-800-642-4838).

Please send your completed application by email to MVAA-B2B@michigan.gov or by mail to:

Michigan Veterans Affairs Agency 3423 N. Martin Luther King Jr. Blvd. (Bldg 32) Lansing, MI 48906

Volunteer Name		Today's Date
Address		County
City & State		Zip Code
Email Address	Home Phone Number	Cell Phone Number
Are you a veteran? Yes	No (Volunteers must	t be honorably discharged veterans)
Name of Emergency Contact	Relationship	Phone Number
REFERENCES: Please list two (2) r	eferences. Include their complet	te phone number. (xxx) xxx-xxxx
Full Name of 1st Reference		Phone Number

Phone Number

Full Name of 2nd Reference